

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 624440

1. Corporation Name

CHATEAU BLEAU INN THREE, INC.

Principal Place of Business

Mailing Address

1111 PONCE DE LEON BLVD.  
CORAL GABLES, FL. 33134

1111 PONCE DE LEON BLVD.  
CORAL GABLES,  
FLORIDA  
33134-3321

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified

06-26-79

4. FEI Number

59-1946440

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

BOB GRILLAS

82 Street Address (P.O. Box Number is Not Acceptable)

1111 PONCE DE LEON BLVD.

83

84 City

CORAL GABLES,

FL

85 Zip Code

33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and (if applicable)

BOB GRILLAS PRESIDENT

4/28/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  Change  Addition  
1.2 NAME PD  
1.3 STREET ADDRESS BOB GRILLAS  
1.4 CITY-ST-ZIP 1111 PONCE DE LEON BLVD.  
CORAL GABLES, FL. 33134

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME VPD  
2.3 STREET ADDRESS DIMITRIOS GRILLAS  
2.4 CITY-ST-ZIP 1111 PONCE DE LEON BLVD.  
CORAL GABLES, FL. 33134

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME VPD  
3.3 STREET ADDRESS CONSTANTINOS GRILLAS  
3.4 CITY-ST-ZIP 1111 PONCE DE LEON BLVD.  
CORAL GABLES, FL. 33134

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS 200002532882  
6.4 CITY-ST-ZIP -05/22/98--01020--016  
\*\*\*150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

PRESIDENT  
BOB GRILLAS  
405/20  
405-20-2634

CR2E034 (10/97)